

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10161757.3

FILING DATE

APPLICANT(S)

5/1/06

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL AT ISSUE						

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
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99						
100						
TOTAL IND.	3					
TOTAL DEP.		10				
TOTAL CLAIMS	23					